




Coaching Patients to Take Control.



<http://millionhearts.hhs.gov>

Video Message from the CDC

Faculty Information and Disclosure



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Associate Clinical Professor
University of Iowa and Broadlawns Family Health Center

Dr. Trewet does not report any actual or potential conflicts of interest in relation to this continuing pharmacy education activity. Off-label use of medication will not be discussed.

Million Hearts™ Team Up. Pressure Down. 3

Faculty Biography

CoraLynn B. Trewet attended Drake University graduating with her Doctor of Pharmacy degree and then completing a Practice Management Residency where she also obtained her Masters in Pharmacy Administration from the University of Kansas. Currently, she is an Associate Clinical Professor of Family Medicine for The University of Iowa where she coordinates the endocrine therapeutics course and serves as the Director of Continuing Education. Dr. Trewet is a Board Certified Pharmacy Therapy Specialist (BCPS), a Certified Diabetes Educator (CDE) and is certified as a Wellcoach® Health Coach. Dr. Trewet is active in several state and national associations including serving as a national officer for the American Pharmacists Association and a board member of the Midwest Lipid Association. She was named Iowa's Distinguished Young Pharmacist of the Year in 2011 and was named a Fellow of the National Lipid Association in 2009. Her clinical site is at Broadlawns Family Practice Residency Program where she provides patient care, precepts pharmacy students and medical residents and serves as the Director of Research. She has been a presenter at various regional and national meetings in various clinical and adult learning topics. Her interest areas include diabetes, lipids and metabolic syndrome, cardiology, ambulatory care, preventative medicine, health coaching, adult learning and the aspects of continuing professional development.

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Learning Objectives

Upon completion of this program pharmacists will be able to:

- ① Discuss the Million Hearts™ Team Up. Pressure Down. initiative
- ② Describe the prevalence and effect of hypertension on the health of Americans
- ③ Discuss the obstacles and impact of adherence in patients with hypertension
- ④ Utilize tools to identify and assist non-adherent patients to achieve better health outcomes
- ⑤ Examine the use of motivational interviewing techniques to help patients improve blood pressure control
- ⑥ Effectively counsel, engage and coach patients on ways to manage their hypertension

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Polling Question

What do you know about Million Hearts™?

- a. Never heard of it
- b. Heard of it but not familiar
- c. Somewhat familiar
- d. Actively engaged

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What is Million Hearts™ *Team Up. Pressure Down?*

- Million Hearts™ is a national public-private initiative led by the U.S. Department of Health and Human Services (HHS) with the goal of **preventing 1 million heart attacks and strokes by 2017**.
- U.S. Preventive Services Task Force in May 2012 recommended the use of **team-based care** - uniting the efforts of physicians, **pharmacists**, nurses, and other health care professionals - to improve blood pressure control.
- *Team Up. Pressure Down.* promotes **team-based care** and offers support for health care professionals helping Americans **improve medication adherence** and their **blood pressure**.
- *Team Up. Pressure Down. for pharmacists* was developed by CDC in collaboration with practicing pharmacists, national pharmacist groups, and others supporting the Million Hearts™ initiative.

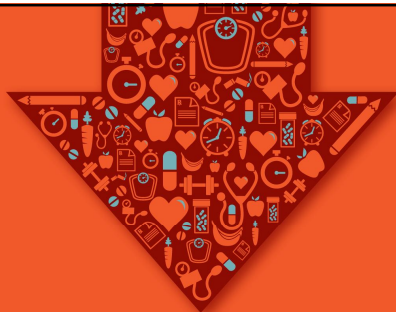
Million Hearts™ Team Up. Pressure Down.

Team Up. Pressure Down. Tiers

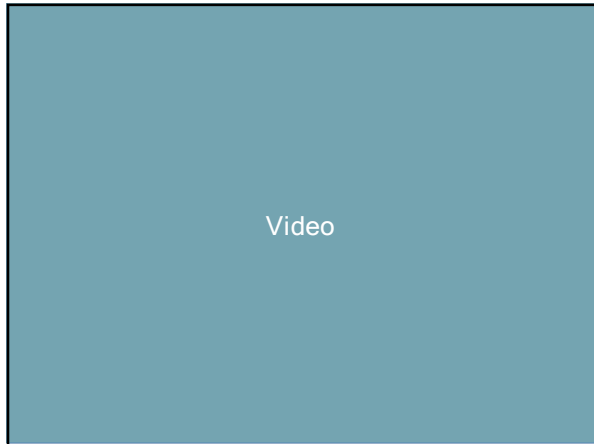
- Tier 1: General Awareness
- Tier 2: Medication adherence messaging
- Tier 3: Blood pressure counseling services



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Tier 1: General Awareness




Hypertension Awareness¹

- 67 million American adults (30%) have high blood pressure—that's 1 in every 3 American adults.
- Less than half (47%) of people with high blood pressure have their condition under control.
 - 22 million know they have high blood pressure, but don't have it under control
 - 16 million take medicine, but don't have their blood pressure under control

CDC. Vital signs: prevalence, treatment, and control of hypertension—United States, 1999–2002, 2005–2008, and 2010. MMWR 2012 in press.

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Hypertension Awareness

- 69% of people who have a first heart attack, 77% of people who have a first stroke, and 74% of people with chronic heart failure have high blood pressure.¹
- When your blood pressure is high, you are:
 - 4 times more likely to die from a stroke²
 - 3 times more likely to die from heart disease³

“Clearly, there’s a need for increased focus and collaboration among patients, health care providers and within health care systems to improve blood pressure control.” – Thomas Frieden, MD, MPH, CDC Director


September, 2012 Vital Signs Press Release

1. Pogue VE, Gaziano TH, Ugochukwu SO, Benjamin EJ, Berry JD, Brander RO, et al. Heart disease and stroke statistics—2012 update: a report from the American Heart Association. Circulation 2012;125(1):e6–236.

2. Liu L, Whelton PK. Elevated systolic blood pressure and risk of cardiovascular and renal disease: overview of evidence from observational epidemiologic studies and randomized controlled trials. Ann Intern Med 2009;150(12):872–878.

3. Stamler J, Stamler A, Newman JD. Blood pressure, systolic and diastolic, and cardiovascular risks. US population: data. Arch Intern Med 1993;153:586–615.

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Team Based Care

- Impact of nurse or pharmacist-assisted management of blood pressure compared to usual care¹

team member	odds ratio	confidence interval
Nurses	1.69	1.48-1.93
Pharmacist in clinics	2.17	1.75-2.68
Community pharmacists	2.89	1.83-4.55

Million Hearts™ Team Up. Pressure Down.

1. Carter RL, Kugler M, Jolly AM. The potential of team-based care interventions for hypertension: a meta-analysis. *Arch Intern Med*. 2005;165:938-946.

Pharmacists Getting to Goal Blood Pressure

Carter 2008 ¹	control	intervention	odds ratio	CI,p-value
	52.9%	89.1%	8.9	3.8-20.7 P<0.001
Carter 2009 ²	control	intervention	odds ratio	CI,p-value
	29.9%	63.9%	3.2	2.0-5.1 P<0.001

Million Hearts™ Team Up. Pressure Down.

1. Carter RL, Kugler M, Jolly AM. A pharmacist-mediated tool to increase hypertension treatment in underserved populations. *J Gen Intern Med*. 2008;23:103-109.
2. Carter RL, Kugler M, Jolly AM. A pharmacist-mediated tool to increase hypertension treatment in underserved populations. *J Gen Intern Med*. 2009;24:103-109.

Team Up. Pressure Down. Tools

- Pharmacist pocket card
- Pharmacist poster
- In store readings sheet



Million Hearts™ Team Up. Pressure Down.

Pharmacist Poster

- Build a relationship
- Measure and monitor blood pressure
- Discuss treatment
- Follow up with your patients
- Promote *Team Up. Pressure Down.* resources and tools




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Pharmacist Pocket Guide

You are a key member of the health care team for people with chronic conditions such as hypertension.

Numerous studies have shown that patients can achieve significant improvements in controlling their blood pressure by expanding their health care team to include pharmacists. You can use your knowledge and skills to help them reduce their risk of heart attack and stroke and live better, healthier lives. Often, these brief discussions—written during the first visit, or at follow-ups—will help your patients feel more at ease and prompt them to ask additional questions about their condition.



Pharmacist Pocket Guide
Team up to help your patients manage hypertension.

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Pharmacist Pocket Guide, Cont.

Here are some easy ways you can team up with your patients to help control their hypertension:

- **Start a relationship.** Get to know your patients so you can determine their level of awareness about hypertension. Ask simple questions such as, "Do you have questions about your prescription?" to help you judge if patients understand their condition, risks, and the importance of medication adherence.
- **Talk about their medications.** As you know, hypertensive patients tend to take on "more" than one drug class, the impact and getting side effects. If you understand why and suggest to regulate their medication side effects, if they're having symptoms and encourage the doctor to see if they need any changes or not taking medical talking to you or their doctor.
- **Discuss a plan for patients to regularly monitor blood pressure.** Have your patients know their blood pressure goals and suggest they regularly monitor their blood pressure. Recommend they get at home monitoring equipment to use and pharmacy in-store monitoring device if available. Suggest that the patient check blood pressure twice per day for at least a week—once in the morning before they take their medications and once in the evening before bed. Encourage them to record their blood pressure in the morning before they take their medications and once in the evening before bed. Offer to review their blood pressure results during their next visit to see if the medication is working correctly.
- **Educate patients about helpful lifestyle changes.** Talk about how a low sodium diet, exercise, and weight loss can help lower blood pressure and protect the heart. Ask about current medications, such as smoking, that are major risk factors for hypertension. Offer additional counsel and resources to help patients stay on track.
- **Keep it simple but direct.** When offering counsel, keep things simple. Avoid unnecessary details or medical terms that can cause confusion.

- Start a relationship
- Talk about their medication
- Discuss a plan for patients to regularly monitor blood pressure
- Educate patients about helpful lifestyle changes
- Keep it simple but direct

Million Hearts™ Team Up. Pressure Down. 18

Slide 18

KC1 Deleted previous slide 18...
Karen Costa, 8/27/2012

Wallet Card

MY MEDICINES
including prescriptions, over-the-counter medicines, vitamins and supplements

NAME	STRENGTH	DOSE	FREQUENCY	HOW TO TAKE IT
Aspirin	81mg	1 tablet	daily	with food

- List medicines here.
- Keep it up to date.
- Carry it with you.
- Share with your doctor/pharmacist.
- Always take your medicine as directed.

For helpful tips and resources, visit BrightBlueLiving.org.


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QUESTIONS
to ask my doctor/pharmacist


- What's my medicine called and what does it do?
- How and when should I take it? And for how long?
- What if I miss a dose?
- Are there any side effects?
- Is it safe to take it with other medicines or vitamins?
- Can I stop taking it if I feel better?

I WILL
TAKE MY MEDS.



Reminder Magnet



TODAY, I WILL:
EAT a heart healthy diet.
TAKE my blood pressure medication as prescribed.


Team Up. Pressure Down.

Learn more at
<http://millionhearts.hhs.gov>

Video



Tier 2: Medication Adherence Messaging

Adherence Facts

- 83% of patients would never say if they didn't plan to fill the prescription they just received. Up to 31% of prescriptions are not filled by patients.¹
- 50% of patients suffering from chronic diseases eventually don't take their medications as prescribed.²
- Being persistent with prescription medication declines most dramatically within the first 3 months of treatment.²
- Adherence is the key driver in enabling patients to achieve their treatment goals.²

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1. Lerner, R., Dyer, C., Schmitt, H., et al. "Adherence to chronic medication: a systematic review of the literature." *Journal of Clinical Pharmacy and Therapeutics* 2009; 34: 1-10.
2. World Health Organization. *Adherence to long-term therapy: evidence for action*. 2004. <http://www.who.int/csr/resources/publications/adherence/en/>. Accessed August 26, 2009.

Adherence Facts

- Adherence = 45% more likely to achieve BP goals
- Persistence (<60 days between fills) = 12% risk of MI/stroke
- MPR >80% risk of adverse CV outcomes (4.6% men, 16.4% women)
- Adherence of HTN meds = risk of hospitalization

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1. Bradley, T.J., Goff, D.C., Gaziano, T.A., et al. "Relationship of blood pressure control to adherence with antihypertensive monotherapy in 13 managed care organizations." *J. Manag. Care Pharm.* 2006; 12: 239-45.
2. Brachmann, P., Brachmann, D., Brachmann, D., et al. "Non-persistent use of antihypertensive drugs leads to increased risk of hospitalization for acute myocardial infarction or stroke." Abstract presented at: ISPOR, October 2009, Vancouver, Canada.
3. Brachmann, P., Brachmann, D., Brachmann, D., et al. "The impact of non-persistent use of antihypertensive drugs on the development of stroke among hypertensive men and women in Gera, Germany." *Stroke* 2009; 40: 1089-94.
4. Chaturvedi, A., Puri, P., Chaturvedi, A. "Electronic pill boxes in the evaluation of antihypertensive agent compliance." *Statistika* 2005; 15: 189-95.

10 key adherence insights

- ① Patients do not communicate their adherence intentions to providers.
- ② Health care providers assume that *their* patients are adherent.
- ③ A "non-adherent personality" does not exist.
- ④ Adherence to medications is unrelated to adherence to self-care and lifestyle.
- ⑤ There is no consistent relationship between demographic characteristics and adherence.

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Adopted from MERCK NAVIGATOR Adherence Estimator®. Used with permission.

10 key adherence insights

- ⑥ Patients want information and feel frustrated that not enough information is provided to them.
- ⑦ Different providers are inconsistent communicators about medications.
- ⑧ Medication-taking is a decision-making process.
- ⑨ Non-adherence is a rational behavior.
- ⑩ Adherence represents shades of grey—patients hold different beliefs about medications to which they adhere.

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Adopted from MERCK NAVIGATOR Adherence Estimator®. Used with permission.

Draw® Tool



Pharmacist Drug Adherence Work-up Tool (DRAW®)

PATIENT INFO: Name _____ Age _____ Sex: ☐ Male ☐ Female METHOD OF WORK-UP: ☐ In Person ☐ Over the Phone

Directions: Choose **five** of the patient's medications where adherence may be a problem. For each medication, ask each question, and check the circle for a "YES" response. For each "YES," consider the suggested action using the questions on the next page. Save action and document it in the space provided. Please FAX a copy of the completed DRAW to William Doucette, U College of Pharmacy, 379-384-2963.

Pharmacist initials	Date of work up	How long did this DRAW work up take?	ENCLOSURE																																																																	
<table border="1"> <thead> <tr> <th>Medication</th> <th>YES</th> <th>NO</th> <th>ADHERENCE ACTION PLAN</th> <th>ACTION TAKEN OR PLAN</th> </tr> </thead> <tbody> <tr> <td>1. Please tell me how you take your medication every day?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Verify adherence, identify and document any barriers to adherence.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Do you feel that you have had many medications of the same kind in the past?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Reduce number of meds per day by stopping unnecessary medications, verify regimen.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. 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Drug Adherence Work-up Tool (DRAW®)

- ① Please tell me how you take your medication every day.
- ② Do you feel like you have too many medications or too many doses per day?
- ③ Do you sometimes forget to take your medication on routine days?
- ④ Do you forget on non-routine days such as weekends or when traveling?
- ⑤ Are you concerned that your medication is not helping you?



Million Hearts™ Team Up. Pressure Down. 31

DRAW®Tool, cont.

- ⑥ Do you feel that you do not need this medication?
- ⑦ Have you had any side effects?
- ⑧ Are you concerned about side effects?
- ⑨ Is the cost of this medication too much?

Questions for pharmacist

- ① At any time during this interview, did you sense an issue about decreasing cognitive function?
- ② Is there a limitation on instrumental activities of daily living to affect adherence and/or use of adherence aids?

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DRAW®Pharmacist Guide



Million Hearts™ Team Up. Pressure Down. 33

DRAW® Pharmacist Guide

- A** Reminder tools, adherence aids or alarms
Simplifying regimen
- B** Patient education
- C** Guided counseling
Symptom management
- D** Cost reduction strategies
- E** Cognitive Issues
Anticholinergics
Instrumental Activities of Daily Living
- F** Follow Up

Million Hearts™ Team Up. Pressure Down. 34

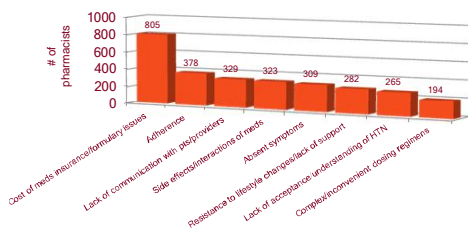
Polling Question

What is the biggest barrier to adherence?

- a. Cost
- b. Adherence
- c. Lack of communication
- d. Side effects
- e. Absence of symptoms
- f. Resistance to lifestyle
- g. Complex dosing

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Barriers in Hypertension



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Patient 'BC'

- 48 yo white male presents to your pharmacy with a new prescription. He states he didn't want to go to the doctor's office but went "because my wife made me"
- No family hx, no significant past medical hx
- Weight 242 Height 5'10" BMI 34.7
- BP 148/91
- Prescription for *HCTZ 25mg 1 tab po daily*

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What are the barriers to BC adhering to the HTN med that was just started?



Adherence Coaching Strategy: Motivational Interviewing

Motivational Interviewing

"...a client-centered, directive counseling style for enhancing intrinsic motivation to change by exploring and resolving ambivalence."



Million Hearts™ Team Up. Pressure Down. 41

Patock S, Miller W, Butler C. Motivational Interviewing. Health Care Helping Patients Change. Saunders: New York, NY: Elsevier Press; 2008.

Motivational Interviewing: Additional Variables

- Decisional balance (DB): individual's internal decision making process
- Self-efficacy (SE): Degree of confidence in one's ability to engage in the change
- The *key* to effective intervention is to facilitate the patient's decision making
 - Making the external push to be internal
 - Target DB and SE

Million Hearts™ Team Up. Pressure Down. 42

Kavookjian et al. Research in Social and Administrative Pharmacy 2005;289-407.

What is different?

- Health care seems to involve giving people what they lack
 - Medications
 - Knowledge
 - Insight
- *Motivational interviewing instead seeks to evoke from patients what they already have*



Million Hearts™ Team Up. Pressure Down. 43

Rolnick S, Miller W, Butler C. Motivational Interviewing, Health Care: Helping Patients Change Behavior. New York, NY: Guilford Press; 2008.

Biomedical vs. Psychosocial Model of Care

Biomedical	Psychosocial
Practitioner Centered	Patient Centered
Information Giving	Information Exchange
"I Save" the Patient	Patient "Saves" Self
Dictate Behavior	Negotiate Behavior
Compliance	Adherence
Authoritarian (Parent to Child)	Servant
Motivate the Patient	Assess and Explore Motivation
Persuade, Manipulate	Understand, Accept
Resistance is Bad	Resistance is Information
Argue	Confront
Respect is Expected	Respect is Earned

Berger DA. Case Manager. 2004;15(5):46-50.

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Remember:
Patients manage their
illness, not us

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Motivational Interviewing: Four Principles

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

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Miller and Rollnick (2008).

Express Empathy

- Acceptance facilitates change
- Ambivalence is normal
- Skillful reflective listening is fundamental
- Meet the patient where they are
 - Conflict between what they want and where they are
 - Patient feels "stuck"
 - No-fault zone where people can discover and develop their truth

Million Hearts™ Team Up. Pressure Down. 47

Moore M, Tschannen-Moran B. Coaching Psychology Manual. Baltimore, MD: Lippincott Williams & Wilkins; 2010

Develop Discrepancy

- Change is motivated by a perceived discrepancy between present behavior and important personal goals and values
- The patient should present arguments for change
- Open-ended questions
- Reflective listening
- Decisional balance: weighing pros and cons
- Rulers/scales



Million Hearts™ Team Up. Pressure Down. 48

Moore M, Tschannen-Moran B. Coaching Psychology Manual. Baltimore, MD: Lippincott Williams & Wilkins; 2010

Roll with Resistance

- Avoid arguing for change
- Resistance is not directly opposed
- The patient finds the answers
- Resistance is a signal to respond differently

**people do not resist change,
they resist being changed.**

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Moore M, Tschannen-Moran B. Coaching Psychology Manual. Baltimore, MD: Lippincott Williams & Wilkins; 2010

Support Self-Efficacy

- Self-efficacy vs. self-esteem
- A person's belief in the possibility of change is an important motivator
- The patient is responsible for choosing and carrying out change
- Believe in the patient

**"Whether you think you can or you can't,
you're right." Henry Ford**

Million Hearts™ Team Up. Pressure Down. 50

Moore M, Tschannen-Moran B. Coaching Psychology Manual. Baltimore, MD: Lippincott Williams & Wilkins; 2010



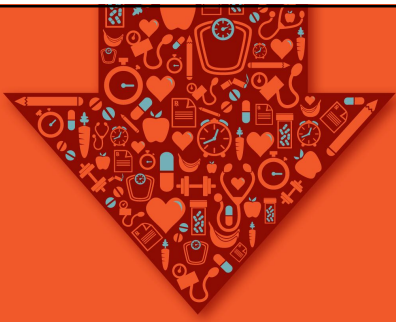
Patient Example

Back to 'BC'

- HCTZ filled on 3/2012
- Never refilled
- Brings prescription for Lisinopril 10mg today
- "Oh, I guess I should fill my other med too."

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82



Tier 3: Blood Pressure Counseling Services

Video

Tier 3: Blood Pressure Counseling Services

- Conversations while dispensing medications
- Blood pressure journal review
- DRAW® Tool discussion with health care team
- Continuing professional development
- Track and evaluate patient outcomes
- Utilize Million Hearts™ Team Up Pressure Down tools

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Conversations while Dispensing Medications: OARS

- Open ended questions—learn the details of how the patient has the health risk behavior as part of his/her life
- Affirm—comment favorably on a trait, attribute or strength of the patient
- Reflect—positive reframing so patient knows you are listening
- Summarize



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Kavookjian et al. Research in Social and Administrative Pharmacy 2005;3:89-90.

Blood Pressure Journal Review

- What are the barriers to doing this in your pharmacy?
- What could you do to make this successful?



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DRAW® Tool Discussion with Healthcare Team

- A** Reminder tools, adherence aids or alarms
Simplifying regimen
- B** Patient education
- C** Guided counseling
Symptom management
- D** Cost reduction strategies
Cognitive Issues
- E** Anticholinergics
Instrumental Activities of Daily Living
- F** Follow Up

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Continuing Professional Development

- What you are doing today!
- What are your next steps? What else do you need or want to learn?
- Document your success

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Track and Evaluate Patient Outcomes

- Utilize pharmacy-based systems in place
- Blood pressure logs
- Team up with physicians



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Utilize Million Hearts™ Tools



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Action Steps for Pharmacists

- Make the time!
- Take the time!
- Ask!
- Listen!
- Motivate!

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<http://millionhearts.hhs.gov>
